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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE TAX GROUP INC

Account Number : I20180000051

Phone : (305)223-4648

Fax Number : (786)361-1360

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HEYDAY MARKETING LLC**

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEYDAY MARKETING LLC					
(Name of the Lim	ited Liability Comps (A Florida Limited	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited I Florida document number L15000056383	Liability Company	were filed on $\frac{03/2}{2}$	27/2015	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited Hab	oility company he	<u>re</u> :		
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	ssignation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STREE	ET ADDRESS)			<b>188</b>	<u> </u>
				SE SE	<u> </u>
					7; 7, 7; 5
Enter new mailing address, if applicable:		N/A		,	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	( ROX)			705	Ċ
muning thanks will be 11 op 1 of 1 to	w mailing address, if applicable:  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	_			
				7 8	_
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our re	ecords, enter the nar	ne of the new regis	stered
Name of New Registered Agent:	N/A				
N. B. Court Office Alleger	N/A				
New Registered Office Address:	•	Enter Flor	ida street address		_
			, Florida		
		City		Zlp Code	_
New Registered Agent's Signature, if changing	Registered Agent:	<u> </u>			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	e performance of provided for in C	my duties, and I am Chapter 605, F.S. Or	familiar with and ; if this document	1

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	STBL INVESTMENTS, LLC	5671 SW 99TH AVE	
		Miami, FL 33173	■Remove
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			Remove
			Change
			□Add
			□Remove
			□ Change
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meffe ote: )	re date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records.		
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d.	day after	the
ted_	8/16/2021	<del></del>	
	Signature of a member or authorized representative of a member		

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